



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**LIQUEFIED PETROLEUM GAS INSTALLER B (0407)  
LICENSE APPLICATION**

Sections 527.01 (11), 527.02 and 527.04, Florida Statutes  
Rule 5J-20.004, Florida Administrative Code

Make Check or Money Order  
payable to FDACS and remit with  
form to:

FDACS  
P.O. Box 6700  
Tallahassee, Florida 32314-6700

**License Application Fee: \$300.00    Application Fee After March 1<sup>st</sup> and Before September 1<sup>st</sup>: \$150**

**INSTRUCTIONS**

**SCOPE OF LICENSE:** This license is required for any person, firm, or corporation involved in the installation, service, repair, altering, or modification of LP gas appliances and equipment attached to, or a part of, a recreational vehicle, pursuant to Chapter 527, F.S.

**TO APPLY** for the Liquefied Petroleum Gas Installer B (0407) license, fill this form out completely (**PRINT OR TYPE**) and return it with all attachments, including the license application fee, to the LP Gas Program at the address in the upper right-hand corner. **ALL LICENSES EXPIRE AUGUST 31ST EACH YEAR REGARDLESS OF DATE OF ISSUE.**

**PROOF OF INSURANCE MUST BE ENCLOSED WITH YOUR APPLICATION AND FEE.** Per Section 527.04 F.S., minimum insurance of \$1,000,000 bodily injury liability and property damage liability covering the products and operations of the business is required. FDACS-03521, (02/14), Liquefied Petroleum Gas Insurance Affidavit (For All Licenses Except Category III Cylinder Exchange Operators), may be utilized to document proof of insurance; however, insurance company forms will also be accepted. A \$1,000,000, surety bond may be submitted in lieu of the required proof of insurance.

BUSINESS NAME (NAME TO BE PRINTED ON LICENSE):			
Physical Address of Business (Address of location to be licensed):			
City	County	State	Zip Code
Telephone: Area Code (    )	Fax: Area Code (    )	Email Address (if any):	
COMPANY NAME (OWNER OF BUSINESS TO BE LICENSED):			
Company Mailing Address:			
City	County	State	Zip Code
Telephone: Area Code (    )	Fax: Area Code (    )	Email Address (if any):	

Questions should be directed to:

LP Gas Program (850) 921-1600

Org. Code: 42 10 06 25 000 EO: A2 Object Code: 002102
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FEDERAL EMPLOYER'S IDENTIFICATION NUMBER:

THIS COMPANY IS A (circle one): Partnership Corporation Proprietorship Individual

IF A CORPORATION, INDICATE STATE OF INCORPORATION AND CHARTER NUMBER:

IF A CORPORATION, INDICATE NAME OF LEGAL REPRESENTATIVE OF RECORD:

IF A CORPORATION, LIST ALL CORPORATE OFFICERS (May attach separate list if needed):

1.

2.

3.

4.

**QUALIFIERS:** If your qualifier(s) will require the transfer of his/her qualifications from a previous company, a letter of transfer signed by that person must accompany this application. If you do not have a qualifier, but are scheduling an examination, complete the attached "Examination Scheduling Request" (FDACS-03504 Rev. 04/14) and return it along with this application (include the \$20.00 examination fee). List the names and certificate numbers of all qualifiers employed by this company below. Attach a separate sheet if necessary.

NAME	EXAM CERTIFICATE NUMBER
1	
2	
3	
4	

**PROOF OF INSURANCE:** HAVE YOU INCLUDED PROOF OF MINIMUM INSURANCE COVERAGE AS INDICATED IN THE INSTRUCTIONS SECTION ON PAGE 1 OF THIS APPLICATION? NOTE: A \$1,000,000, surety bond may be submitted in lieu of the required proof of insurance. Ref. s. 527.04, F.S.

PRINT NAME OF OWNER OR MANAGER:

SIGNATURE OF OWNER OR MANAGER:

TITLE OR OFFICE HELD:

DATE OF APPLICATION:

FOR DIVISION USE ONLY

REVIEWED BY: \_\_\_\_\_

DATE APPLICATION COMPLETE & LICENSE ISSUED: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

SITE PLANS & INSPECTION: \_\_\_\_\_

DATE LICENSE MAILED: \_\_\_\_\_